



For Review and Comment Purposes Only – Not for Implementation  
**DEVELOPMENTAL PROGRAMS BULLETIN**  
COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF PUBLIC WELFARE

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SUBJECT:

**Assuring the Health and Welfare of  
Medicaid Waiver Participants**

BY:

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**Deputy Secretary for Developmental Programs**

**SCOPE:**

Administrative Entity Administrators or Directors for Medicaid Waiver Services  
Supports Coordination Entity Directors  
Providers of Mental Retardation Medicaid Waiver Services

**PURPOSE:**

The purpose of this bulletin is to summarize existing practices designed to assure or protect the health and welfare of individuals participating in the Office of Developmental Programs (ODP) Medicaid Waivers is protected. Several processes are available to Administrative Entities (AEs), Supports Coordinators, and providers to meet this goal.

**BACKGROUND:**

The Office of Developmental Programs believes in and adheres to the *Everyday Lives* principles. All individuals have the right to live their life as they choose, and opt to exercise both choice and control over the services and supports that are necessary to meet their needs. ODP, AEs, Supports Coordinators, and providers must ensure that Waiver participants receive Waiver services which are necessary to provide for their health and welfare. The process to ensure access to these services must be consistent across the Commonwealth, regardless of the service delivery model that the individual uses to meet their needs. In addition, individuals are afforded equal access to needed services whether they use traditional providers or self-direct their services (also known as non-traditional services and supports).

All individuals and families, supports coordinators, providers of mental retardation services and supports, County Mental Health and Mental Retardation Programs, AEs, and ODP share responsibility to ensure the health and welfare of persons receiving supports and services. The development and expansion of community-based supports and services and the increasing flexibility people enjoy to choose a wide variety of both traditional and non-traditional supports have increased the need to establish consistent statewide processes to assure that the assessed health and welfare needs of individuals are met.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

**The Appropriate Developmental Programs Regional Office**

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Community support relies on family, friends, neighbors, and community resources to ensure that individuals are able to live as they choose in their community. The principles of community support promote relationships, autonomy, and opportunities for meaningful participation in community life. These principles apply equally to all Waiver services whether they are licensed or unlicensed.

### **DISCUSSION:**

Community support engages safeguards that are utilized by the general community to help ensure an individual's health and welfare. The safeguards adhere to a person-centered approach and familiarize the individual with precautions appropriate to different situations and conditions to avoid exploitation and harm.

ODP has many safeguards to assure that an individual's assessed health and welfare needs are met and their rights are protected. Health and welfare relates to the assurances outlined in Title 42 CFR 441.302:

1. Level of care evaluations that are completed initially and annually thereafter.
2. Individual support plans that address assessed needs and personal goals, are updated annually or when warranted by the individual's changing needs, include the type, scope, amount, duration, and frequency of services, and are implemented as written.
3. Choice of service delivery from any willing and qualified Waiver providers.
4. Waiver providers that meet the required qualification standards outlined in the Consolidated and Person/Family Directed Support (P/FDS) Waivers.
5. Continuous monitoring of Waiver participants' health and welfare and ensuring corrective activities are initiated when appropriate.
6. Authority and oversight by ODP as the State Medicaid Agency, including ongoing monitoring of Waiver functions delegated to the AEs.
7. Claims for Waiver services that are based on authorized, rendered, and billed services by qualified Waiver providers in accordance with the Department's rate setting methodologies.

In order to meet the assurances outlined above, ODP provides guidance and training to AEs, Supports Coordinators, providers, and individuals and families on the components available to meet the needs of individuals. The following is an overview of the safeguards used to protect an individual's health, welfare, safety, and rights.

### **Quality and Risk Management**

Quality Management is a critical operational feature to determine whether the assurances and requirements contained in regulations are met, desired outcomes are achieved, and improvement opportunities identified. ODP views quality management as a planned, systemic, and organization-wide approach to data collection and analysis, performance measurement, and continuous improvement. Compliance with Waiver assurances, systemically collecting and analyzing data, designing initiatives, and monitoring results for sustainability or need for improvement are key components of ODP's Quality Management Strategy. These components provide systemic safeguards to protect the health and welfare of individuals.

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ODP is committed to complying with Waiver assurances, ensuring the health and welfare of people receiving services, implementing promising practices, and offering the highest quality services that promote choice and control in people's everyday lives. ODP strives to improve the quality of services and supports through guidance from individuals and families who receive services and supports, Planning Advisory Committee (PAC) recommendations, and collaboration with ODP'S partners (that is, advocates, providers, AEs, supports coordination entities, and the community). The PAC is an advisory committee to ODP comprised of advocates, individuals and families, AEs, and providers. The PAC makes recommendations for change to improve the quality of the mental retardation program.

Information recorded in the Home and Community Services Information System (HCSIS) is compiled into standardized and ad hoc reports that are used to inform the quality and risk management processes. Data is collected, aggregated, analyzed, and utilized to make improvement decisions. These reports are available to providers, supports coordination entities, AEs, and ODP staff for the purpose of review, analysis, and trending. The outcome of this assessment and analysis process is to improve the quality, health, and welfare of an individual's life.

A statewide workgroup comprised of ODP Central and Regional Office and State Center Risk Management staff meet periodically to discuss and analyze the data, the trends shown, and to discuss changes in policy as a result of the conclusions drawn from data. In addition, Regional Office and State Center risk management staff have periodic internal and external meetings to discuss quality and risk management issues, identify priorities, develop recommendations for change, and implement changes.

The AE Oversight Monitoring Process, Individual Support Plan (ISP) monitoring, and the Independent Monitoring for Quality (IM4Q) Program are part of the quality management process. These processes are described in more detail below.

### AE Oversight Monitoring Process

To ensure quality and consistency across the Commonwealth in the performance of Waiver functions, as well as to ensure compliance with Departmental policies, regulations, rules and Waiver requirements, ODP began the AE Oversight Monitoring Process on April 1, 2007. Each ODP Regional Office identified a point person to implement and coordinate this process in their region as well as to meet with other regional point persons to ensure statewide consistency.

Data integrity is crucial to the monitoring process. Each month, ODP sends data reports relevant to Waiver services to the AE. The reports are reviewed and any data errors corrected by the AE. In addition, the AE analyzes the data to identify needed changes to existing policies and procedures to obtain better quality of service provision to Waiver participants.

Each AE is monitored on an ongoing basis through report review and HCSIS data review, and an on-site visit at least once every two years. A standardized oversight monitoring tool has been developed to ensure consistency in oversight across the state. The tool contains seven areas with requirements that the AEs are responsible to meet.

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These seven areas are based on the approved Waivers and the AE Operating Agreement, and include:

1. *Quality of Life*: This area measures compliance with requirements related to quality of life issues (for example, ISP, PUNS, Supports Coordination, incident management, IM4Q, ODP initiatives such as employment and lifesharing).
2. *AE Capacity*: This section measures the AE's capacity to comply with operational requirements and timelines.
3. *Provider Monitoring*: This area measures the requirements related to the qualification, monitoring, and contracting of Waiver providers.
4. *Rights*: This section monitors the AEs performance in terms of an individual's rights (due process, choice, and provision of appealed services).
5. *Eligibility and Level of Care*: The process to determine eligibility for Waiver services is monitored in this section of the tool.
6. *Financial Management*: How Waiver funds are used and general financial processes are monitored in this area (for example, overpayments, rate-setting, reports).
7. *Other Administrative Functions*: This section of the tool monitors recordkeeping practices, self-assessment issues, and general operating concerns.

The on-site visit occurs and findings are recorded. The results are then tallied and a summary report is prepared and sent to ODP Regional and Central Office staff and the AE. The AE is responsible to develop a corrective action plan for any area found to be out of compliance. The ODP Regional Office reviews and approves the plan and validates corrective activities.

### AE Self-Review

The AE Operating Agreement requires AEs to oversee the provision of Waiver services to individuals with mental retardation. To meet the conditions outlined in the Agreement, AEs must perform a self-review, at least annually, on a random sample of Waiver participants. At a minimum, the review shall consist of:

- Visits with the selected individuals at settings where services are provided.
- A review of the individual's records.
- A review of ISP monitoring by Supports Coordinators.
- A review of the individual's satisfaction with the services.
- A review of ODP quality improvement expectations and practices as it relates to the individuals in the sample.

The results of the self-review, including corrective action plans for areas of noncompliance, are forwarded to the appropriate ODP Regional Office. For situations involving imminent health and welfare issues, the AE is responsible for immediate corrective action to address those concerns.

## Supports Coordination

In the mental retardation program, Supports Coordination is provided by qualified entities. Entities hire Supports Coordinators, whose job functions are to locate, coordinate, and monitor services. As part of the monitoring function, the Supports Coordinator verifies the individual's health and welfare, and that the individual receives the quality, type, duration, and frequency of authorized services and supports that are included in a person's ISP. This verification takes place through monitoring conducted by the Supports Coordinator at a frequency that ensures the individual's health and well-being. Minimum frequency requirements are included in the Consolidated and P/FDS Waivers. The monitoring may be in the form of contact by telephone or in person, at the individual's home, employment or day service, or in the community. The Consolidated and P/FDS Waivers include requirements for the frequency and location of monitoring. Below are the minimum frequency requirements in effect at the time of the issuance of this Bulletin.

- Consolidated Waiver: three face-to-face visits each quarter
  - \* One visit at the individual's residence
  - \* One visit at the individual's day service
  - \* One visit at any place agreeable to the individual
- P/FDS Waiver:
  - \* When the individual resides with a family member and receives at least one Waiver service each month, the following requirements apply:
    - Contact once every three months
    - Face-to-face visit once every six months; one visit per year must be at the individual's residence.
  - \* When the individual does not reside with a family member and receives at least one Waiver service each month, the following requirements apply:
    - Contact once each month
    - Face-to-face visit once every three months; one face-to-face visit every six months must occur at the individual's place of residence.
  - \* When the individual does not receive one Waiver service each calendar month, the following requirements apply:
    - Contact once each month
    - Face-to-face visit once every three months regardless of the individual's living arrangement; two face-to-face visits each calendar year must occur at the individual's place of residence.

Please refer to the latest approved version of the Waivers or call your local ODP Regional Office to obtain the *current* minimum frequency requirements.

Monitoring includes a review of the individual's services to ensure the ISP is being implemented as written, and achieving the individual's intended outcomes. It also includes a review of the individual's health needs with an assessment of progress made and changes noted, living conditions, incident reports, and financial information.

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Questions are asked regarding the individual's satisfaction with the services they receive. Changes to services occur if needed based on the review of the individual's needs and current ISP. The gathered information is entered into HCSIS as a record of the monitoring using the standard monitoring form. The AE and ODP review this data to assure that monitoring takes place at the frequency necessary to ensure individuals' health and welfare, that services are furnished in accordance with the assessed health and welfare needs of individuals, and to assure that ISPs are developed and implemented effectively in a timely fashion.

If an issue of health and safety is found, the Supports Coordinator takes the appropriate steps to assure that the individual is safe. The Supports Coordinator works with other involved entities to correct the issue if possible. If no resolution can be found, the Supports Coordinator brings the concern to the attention of Supervisory personnel at the Supports Coordination entity and the AE. A corrective action plan is developed in an attempt to resolve the issue. Additional monitoring may be required to ensure that the individual is safe and has all their needs met appropriately. All contacts and actions relating to the individual and the individual's services are documented in HCSIS.

### Health Care Quality Units (HCQUs)

HCQUs are units comprised of clinicians and others with expertise in the area of intellectual and developmental disabilities and health care. HCQUs have been developed in response to the identification of the need for increased knowledge around medical issues within the ODP system and are charged with helping to build capacity and competency within the local medical community. HCQUs develop community-based strategies to work with health care providers to improve an individual's access to services. In this manner, the HCQUs help build bridges between individuals with intellectual and developmental disabilities, the people supporting them, and the professionals providing their health care. The ultimate goal of the HCQUs is to provide stakeholders in the ODP system with the tools to help individuals live a full and healthy life.

HCQUs provide training and technical assistance to improve communication and understanding between the individual and all members of an individual's health care team. With increased quality of interaction and knowledge about health care issues, the health of individuals receiving services may improve through better home disease management, health promotion, and disease prevention activities. Better health leads to an increased ability to participate in community life.

The HCQUs emphasize the principles of health and welfare inherent in the philosophy of *Everyday Lives* that guides the ODP service system. These principles are reiterated in Bulletin 00-03-05, "*Principles for the Mental Retardation System*". The Bulletin notes under the principle of safety that "people want services that ensure individual health and safety without being overprotective or restricting them". The HCQUs provide health care training and technical assistance to help individuals, families, providers, and others involved in the individual's life to support or enhance the life of the individual in relation to their health and well-being.

### Individual Support Plan (ISP)

The ISP is an important tool in protecting the health and welfare of individuals with mental retardation. The ISP incorporates the concepts of *Everyday Lives*, self-determination, person-centered planning, and Positive Approaches. The ISP is developed with the individual and the individual's "team", a group of friends, family, guardian or advocate, supports coordinator, providers, and other persons who are important to the individual. The individual's assessed needs, personal goals, and preferences are the focus of the team and outcomes are developed to meet these needs and preferences.

The ISP includes sections on the individual's medical needs, health and safety concerns and risk factors, as well as functional information. The medical section provides an overview of the person's health and has important information in one place including the medications that a person takes, known allergies, and medical professionals that the individual sees. The health and safety section gives information about the individual in different types of situations (for example, fire, traffic, water, cooking, eating), lists areas of concern for the individual's safety, and explains the type of supervision or other supports needed to minimize risk to the individual. This section also lists behavioral issues that may exist and gives a brief description of the existing behavioral support plan. Any concerns with the individual's health are listed in this part and recommendations given regarding the health issue. The functional information section provides information on the individual's physical and emotional development and any adaptations needed. It describes communication methods and techniques used by the individual to express his wants, needs, likes, and dislikes.

All persons involved with the individual use the information contained in the ISP when delivering services, thus ensuring a safe environment for the individual. The ISP team meets with the individual at least annually to review the plan and make any changes for the coming year. If the needs of the individual change substantially, the ISP must be revised to reflect current needs. The AE is responsible to ensure that each individual has an approved, up-to-date ISP.

### Prioritization of Urgency of Need for Services (PUNS) for Persons with Mental Retardation

The purpose of PUNS is to gather information to categorize the urgency of the needs of people with mental retardation who have requested services from the AE that cannot be immediately authorized. Three categories of need have been established by this process:

- Emergency Need: These individuals have a need that must be met now (that is, within the next six months).
- Critical Need: These needs must be met in the near future (that is, within six months to two years).
- Planning for Need: These individuals have requested services but are determined to need the services in two to five years.

PUNS data is entered into HCSIS for use by ODP, AEs, County Programs, and Supports Coordinators to plan for the future needs of individuals. If no funding is

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available to meet the requested need, the completion of a PUNS form will place an individual on a waiting list for services. When funding becomes available throughout the year, individuals with emergency needs on the PUNS list will receive preference for funding. PUNS may be used for Waiver participants planning for future needs or for P/FDS Waiver participants with needs in excess of the per person cap.

Emergency Changes in Health and Welfare Needs of Waiver Participants

Although the Department retains the authority and responsibility to implement, administer, and oversee the Consolidated and P/FDS Waivers, the AEs are responsible for the Waiver administrative activities as defined in the current AE Operating Agreement.

AEs are responsible to enroll individuals into the Consolidated and P/FDS Waivers based on their allocation from ODP and as per the requirements noted in the AE Operating Agreement. AEs are responsible to ensure that all of the assessed health and welfare needs of the individuals enrolled in the Consolidated Waiver are met. If an individual is enrolled in the Consolidated Waiver and their health and welfare needs change, their ISP and funding must change to reflect the changed needs. If the AE has insufficient funds to address the change in needs, they are responsible to request additional funding from ODP through the Individual Emergency Status Form (IESF) process as per the current AE Operating Agreement.

AEs are responsible to ensure that all of the assessed health and welfare needs of the individuals enrolled in the P/FDS Waiver are met within the individual cap. If an individual is enrolled in the P/FDS Waiver and their health and welfare needs change, their ISP and funding must change to reflect the changed needs, up to the cap. When the needs of current P/FDS Waiver participants exceed the cap, the Administrative Entity should not terminate the participant's enrollment, but should consider the following options:

- Explore alternative, cost-effective ways to provide the needed service or support, including other less costly providers and the use of generic, community-based resources.
- Enroll the individual in the Consolidated Waiver or use non-Waiver (base) funds, if funds are available, to meet the need. When services are determined to be necessary to ensure an individual's health and welfare, and the Administrative Entity lacks the funds to provide the service, IESF should be submitted by the AE to the Office of Developmental Programs for review. The IESF must include confirmation that the AE has determined that this request is to meet a current need of the participant.

Incident Management Process

The primary goal of an incident management system is to ensure that when a reportable incident occurs, the response will be adequate to protect the health, safety, and rights of the individual. The incident management system requires reports on specific incidents using a standard reporting format. There are 16 primary categories of reportable incidents that must be reported within 24 hours (for example, abuse, emergency room visits, injuries that require treatment beyond first aid). There are two categories that

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must be reported within 72 hours (that is, medication or restraint). For a detailed list of reportable incidents, please refer to Bulletin 6000-04-01 *“Incident Management”*. The reports are entered into HCSIS as per the *Incident Management* Bulletin. This process meets or exceeds the regulatory requirements found in the following Chapters of Title 55 of the Pa. Code:

- 2380 Adult Training Facilities
- 2390 Vocational Facilities
- 3800 Child Residential and Day Treatment Facilities
- 5310 Community Residential Rehabilitation Services for the Mentally Ill
- 6400 Community Homes for Individuals with Mental Retardation
- 6500 Family Living Homes

Additional reporting avenues outside of those mentioned exist to assure that an individual’s health, safety, and rights are protected. Examples of these types of safeguards are local law enforcement agencies, Department of Public Welfare’s (DPW) ChildLine and Abuse Registry, local Area Agencies on Aging, and the Department of Aging.

For additional information regarding the Incident Management process, please refer to MR Bulletin 6000-04-01, *“Incident Management”*.

### Independent Monitoring for Quality (IM4Q) Program

Another important aspect of ODP’s continuous quality improvement efforts is the IM4Q program which measures satisfaction and outcomes of people in the service system. Each AE or County Program contracts with an independent entity to conduct face-to-face monitoring interviews with a voluntary sample of individuals receiving mental retardation services and supports. With the individual’s permission, the program may also conduct a telephone interview with a family member, friend, or guardian. Pennsylvania’s IM4Q program is unique in that those interviewing the individuals who receive supports and services are people with disabilities, family members, and other interested parties, all of whom are independent of ODP’s funded services and support. The IM4Q program functions independently from the AE and strives to be conflict-free in its monitoring activities.

The purpose of Pennsylvania’s IM4Q is to collect information about, as well as to improve, the quality of life and outcomes of individuals who are served and supported within the ODP system. ODP developed a standardized monitoring instrument that must be used to collect data so that results across the State may be compared and to facilitate the aggregate review of data and system-wide quality improvement.

Each IM4Q team offers considerations for change in the person’s life based on the interview and observations. With the individual’s permission, these considerations are shared with the AE, which in turn shares them with the affected providers and members of the ISP team, the individual, and the individual’s family or guardian. The individual’s ISP may be changed based on these considerations.

When action is taken on a consideration, the AE informs the local IM4Q program as to the outcome. This process is known as “closing the loop”. The “closing the loop”

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process is a constructive way in which local IM4Q programs can express concerns and issues of an interviewed person or the monitoring team. Such a process places responsibility for change on the AE or County Program, who works with provider agencies, families, and others to achieve the change. The entire IM4Q process provides a positive check and balance to the AE or County Program and provider system. If the AE or County Program does not report back to the IM4Q program within an established timeframe, the local IM4Q program is responsible to contact the ODP Regional Office.

If the IM4Q team has any major concerns about abuse or safety during an interview, the team will report their concerns immediately to the AE or County Program and other appropriate parties in accordance with policies established by the AE or County Program and the IM4Q program. The IM4Q team will not leave an individual being interviewed if they perceive imminent threat of danger and will report such danger to the appropriate parties. Imminent threat of danger could be any harm a team witnesses or believes could occur to the individual being interviewed or to anyone else within the setting.

As part of the statewide quality improvement effort, the ODP has appointed an IM4Q Statewide Steering Committee, which is charged to uphold the purpose and guiding principles of IM4Q. The Committee reviews the gathered data and offers recommendations to ODP, oversees the development and revision of the statewide monitoring tool, and evaluates and provides assistance to local IM4Q programs.

For more information on the IM4Q process, please refer to *“Pennsylvania’s Independent Monitoring For Quality (IM4Q) Protocol and Guidelines”* dated January 2003.